

EXHIBIT E

Read the instructions for this form carefully. You are acting for the taxpayer.

Karen Davis

Address of person for whom you are acting (number, street, and room or suite no.)

22 Hickory Kingdom Road

City or town, state, and ZIP code (If a foreign address, see instructions.)

Bedford, New York 10506

Fiduciary's name

COPY

Address of fiduciary (number, street, and room or suite no.)

City or town, state, and ZIP code

Telephone number (optional)

Part II Authority

1 Authority for fiduciary relationship. Check applicable box:

- a(1) ☐ Will and codicils or court order appointing fiduciary (2) Date of death
- b(1) ☐ Court order appointing fiduciary (2) Date (see instructions)
- c ☐ Valid trust instrument and amendments
- d ☒ Other. Describe **Acting as nominee - see agreement attached**

Part III Tax Notices

Send to the fiduciary listed in Part I all notices and other written communications involving the following tax matters:

- 2 Type of tax (estate, gift, generation-skipping transfer, income, excise, etc.) ▶
- 3 Federal tax form number (706, 1040, 1041, 1120, etc.) ▶ **1040**
- 4 Year(s) or period(s) (if estate tax, date of death) ▶

Part IV Revocation or Termination of Notice

Section A — Total Revocation or Termination

- 5 Check this box if you are revoking or terminating all prior notices concerning fiduciary relationships on file with the Internal Revenue Service for the same tax matters and years or periods covered by this notice concerning fiduciary relationship ... ▶ ☐
- Reason for termination of fiduciary relationship. Check applicable box:
- a ☐ Court order revoking fiduciary authority
- b ☐ Certificate of dissolution or termination of a business entity
- c ☐ Other. Describe ▶

Section B — Partial Revocation

- 6a Check this box if you are revoking earlier notices concerning fiduciary relationships on file with the Internal Revenue Service for the same tax matters and years or periods covered by this notice concerning fiduciary relationship ▶ ☐
- b Specify to whom granted, date, and address, including ZIP code. ▶

Section C — Substitute Fiduciary

- 7 Check this box if a new fiduciary or fiduciaries have been or will be substituted for the revoking or terminating fiduciary(ies) and specify the name(s) and address(es), including ZIP code(s), of the new fiduciary(ies) ▶ ☐

Part V Court and Administrative Proceedings

Name of court (if other than a court proceeding, identify the type of proceeding and name of agency)

Date proceeding initiated

Address of court

Docket number of proceeding

City or town, state, and ZIP code

Date

Time

a.m.

Place of other proceedings

p.m.

I certify that I have the authority to execute this notice concerning fiduciary relationship on behalf of the taxpayer.

Please Sign Here

Fiduciary's signature

Title, if applicable

Date

Fiduciary's signature

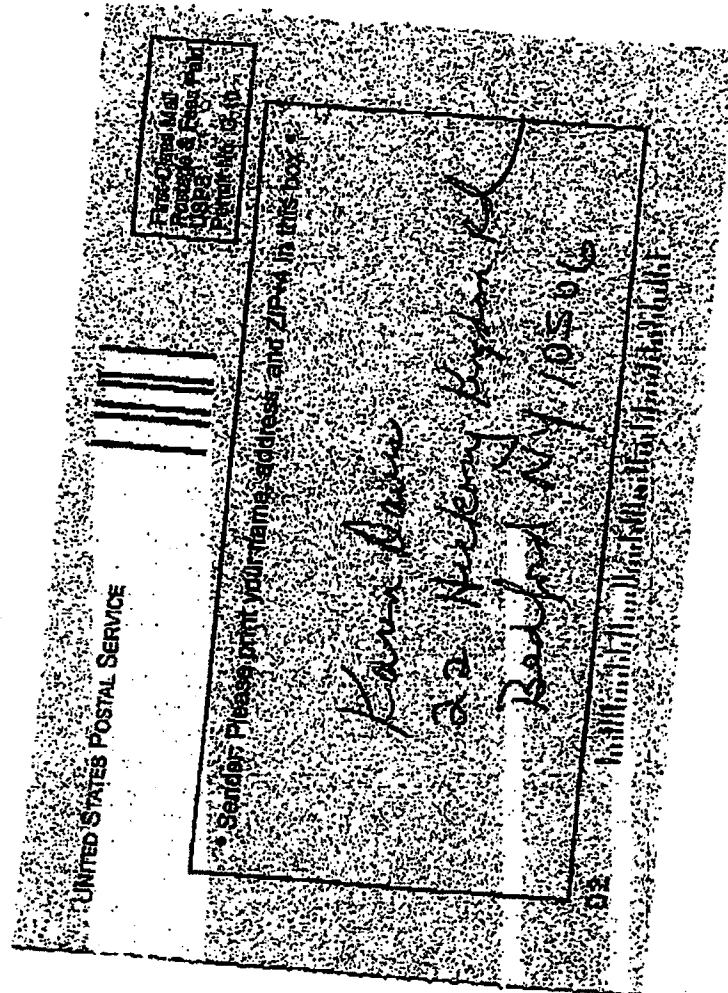
Title, if applicable

Date

For Paperwork Reduction Act and Privacy Act Notice, see back page.

Form 56 (Rev. 4-2002)

ISA
STF FED1014F





SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on this front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>1. Article Addressed to</p> <p>TRANS</p> <p>ANDOVER MA</p> <p>05501</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> G.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from card)</p> <p>7004 0750 0000 4300 1869</p>		<p>PS Form 3811, February 2004 Domestic Return Receipt</p>	